

| POSITION                  | INITIALS    | ID NO.       | DATE            |
|---------------------------|-------------|--------------|-----------------|
| FEE DETERMINATION         | <i>AS</i>   | <i>62861</i> | <i>6/1</i>      |
| O.I.P.E. CLASSIFIER       |             | <i>1/3</i>   | <i>6/16/00</i>  |
| FORMALITY REVIEW          | <i>M.M.</i> | <i>71629</i> | <i>8-4-00</i>   |
| RESPONSE FORMALITY REVIEW | <i>M.M.</i> | <i>71629</i> | <i>10-26-00</i> |

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled    A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

| Claim    | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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